



## QUALITY OF CARE AND OUTCOMES ASSESSMENT

### EFFECTS OF REGIONAL MEDICARE ADVANTAGE PENETRATION ON RISK-STANDARDIZED OUTCOME MEASURES

ACC Poster Contributions

Ernest N. Morial Convention Center, Hall F

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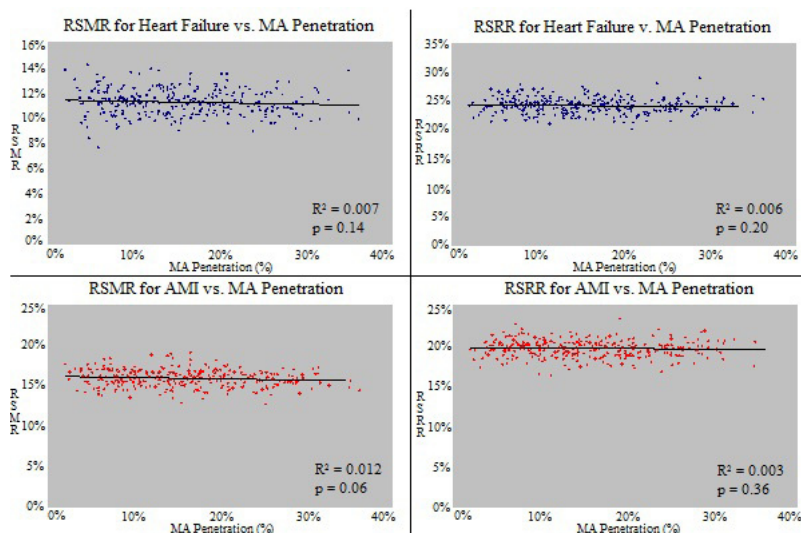
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**Background:** The Centers for Medicare and Medicaid Services' measures of risk-standardized outcomes are based on Medicare fee-for-service patients and exclude Medicare Advantage (MA) patients due to data availability. Since MA patients are healthier, the remaining fee-for-service patients may be sicker in ways not captured by the risk standardization, leading to potential misclassification of hospital quality, especially in areas of high MA penetration. We sought to explore the relationship between MA penetration and risk-standardized outcomes.

**Methods:** In this retrospective study, county data on MA and total Medicare enrollment from the 2008 Bureau of Health Professionals' Area Resource File were aggregated to the Hospital Referral Region (HRR) level using mapping software (ArcGIS). Hospital risk-standardized mortality rates (RSMRs) and risk-standardized readmission rates (RSRRs) for heart failure and acute myocardial infarction (AMI) discharges from 2006-2008 were aggregated up to HRRs, weighted by hospital volume for each condition. Linear regression was used to assess the relationship between MA penetration and each outcome measure among HRRs.

**Results:** In 304 HRRs, the median MA penetration was 14.5% (range: 2.0% to 36.1%). All linear regressions were statistically insignificant ( $p > 0.05$ ).



**Conclusions:** We find no association between MA penetration and RSMR or RSRR for heart failure or AMI among HRRs. Variation in MA penetration does not seem to adversely affect the outcome measures.